

CLAIMS ONLY	Application Number	Filing Date
	09-654845	7-13-05
	Applicant(s)	

09654845

7-13-05

Age Group	Percentage of Respondents
18-29	85%
30-49	80%
50-69	75%
70+	70%

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
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41		/				
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	2					
Total Depend	27					
Total Claims	29					

May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
52						
53						
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100						
Total Indep						
Total Depend						
Total Claims						